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Date:

Oral Caglar, Reg. No. 44,577

#1  
IDS  
J. White  
7-30-03

**PATENT**

Attorney Docket No.: 050-99-050

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Fee  
only

In re application of: Gabor Kalman, et. al Appln. No.: 09/759,054 Filing Date: January 10, 2001 For: AC-TO-AC POWER CONVERTER WITHOUT A DC LINK CAPACITOR	Group Art Unit: 2838 Examiner: Gary L. Laxton Confirmation No.: 1934 Class-Subclass: 363-037000
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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Mail Stop: ISSUE FEE  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia, 22313-1450

**Match and Return**

Dear Sir:

In compliance with the duty of disclosure under 37 CFR § 1.56 and in accordance with the practice under 37 CFR §§ 1.97 and 1.98, the Examiner's attention is directed to the documents listed on the enclosed Form PTO-1449. Copies of the listed documents are also enclosed. The cited documents were identified in a communication from a foreign patent office in a counterpart foreign application. For the Examiner's consideration, a copy of this communication, mailed May 6, 2003, is enclosed herewith. This Supplemental Information Disclosure Statement is not a representation that any or all of the information cited herein is necessarily effective as prior art against the subject application.

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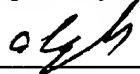
In accordance with 37 CFR § 1.97(d), because this Supplemental Information Disclosure Statement is being filed on or before payment of the issue fee, and given the statement below under 37 CFR § 1.97(e) and payment of the fee set forth in § 1.17(p), Applicants are entitled to consideration of the cited information. With respect to the required fee set forth in § 1.17(p), the Commissioner is respectfully requested and explicitly authorized to charge such fee, and any fee shortages, to Deposit Account No. 01-1125. A duplicate of this paper is enclosed for that purpose.

In accordance with 37 CFR § 1.97(e)(1), Applicants hereby state that each item of information contained in this Supplemental Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Supplemental Information Disclosure Statement.

Applicants respectfully request that the cited documents be considered by the Examiner, and that an initialed copy of the enclosed Form PTO-1449 be returned indicating that such information has been considered.

Date: June 23, 2003

Respectfully submitted,

  
\_\_\_\_\_  
Oral Caglar  
Attorney for Applicants  
Reg. No. 44,577

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/759054

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus 21	=
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	18
X40=		OR	X80=	0
+135=		OR	+270=	
TOTAL		OR	TOTAL	723

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus 21	= 2
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

8/5/04

**BEST AVAILABLE COPY**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus 21	=
Independent	5	Minus 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	86.00
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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